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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE****DATE: May 3, 2004**

TO: Examiner: Alfred Basicas : **RE: U.S. Patent Application**
Art Unit: 3749 : **Serial No.:** 10/065,395
Fax: 703-872-9306 : **Applicant:** Brian M. Steurer
From: Thomas M. Fisher : **Atty. Dkt. No.:** 9D-RG-19958

DOCUMENTS SUBMITTED WITH TRANSMISSION:


- *Amendment After Final Under 37 C.F.R. § 1.116 (13 pgs.);*
Amendment Transmittal (3 pages); and
- *Certificate of Facsimile Transmission (1 page)*

Total pages including cover page: 17**If all pages are not received, please contact: Laura Davis at Ext. 7447**

RE: The above referenced U.S. Patent Application
Title: MOTORIZED GAS LOCKOUT VALVE FOR GAS RANGE
Filed: October 11, 2002
Our File: 13307-472

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
Facsimile Number 703-872-9306 on the date shown above.


Thomas M. Fisher, Reg. No.: 47,564

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PATENT
Attorney Docket No.: 9D-RG-19958

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Steurer, Brian M.	:	
		:	
		:	Group No.: 3749
Serial No.:	10/065,395	:	
		:	Examiner: Basicas, Alfred
Filed:	October 11, 2002	:	
		:	
For:	MOTORIZED GAS	:	
	LOCKOUT VALVE FOR GAS	:	
	RANGE	:	

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Arlington, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
 - Amendment Transmittal (3 pages)
 - Amendment After Final Under 37 C.F.R. § 1.116 (13 pages)
 - Certificate of Facsimile Transmission (1 page)

STATUS

2. Applicant
☒ claims small entity status.
☐ is other than a small entity.

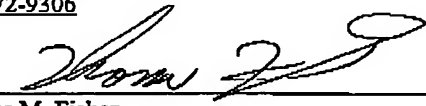
CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
___ deposited with the United States Postal Service with
sufficient postage as Express Mail, in an envelope
addressed to the Commissioner for Patents, Washington,
D.C. 20231 Express Mail No.: E US

Date: May 3, 2004

FACSIMILE
☒ transmitted by facsimile to the Patent and
Trademark Office to telephone number
703-872-9306


Thomas M. Fisher
Reg No. 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 110.00	\$ 55.00
_____ second month	\$ 400.00	\$ 200.00
_____ third month	\$ 920.00	\$ 460.00
_____ fourth month	\$1,440.00	\$ 720.00
_____ fifth month	\$1,960.00	\$ 980.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	27	MINUS	26	=1	x \$9 = \$		x \$18 = \$
INDEP.	.5	MINUS	6	=0	x \$42 = \$		x \$84 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$130 = \$		+ \$280 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) _____ Total additional fee for claims required \$ _____.

FEE PAYMENT

5. _____ Attached is a check in the sum of \$ _____
 _____ Charge Deposit Account No. 01-2384 the sum of \$.
 A duplicate of this transmittal is attached.

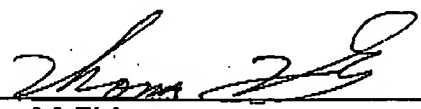
FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. _____ Other:


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 314/621-5070